

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Conservative Campaign Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495010	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 06 / 20 / 2014	

Full Name of Payee <b>Telesouth Broadcasting</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 21 / 2014	
Mailing Address 6311 Ridgewood Road		Amount 2397	
City Jackson	State MS	Zip Code 39211-2035	Transaction ID : 119904
Purpose of Expenditure 6/21 to 6/23 Radio Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014
Name of Federal Candidate Chris McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Russo Marsh &amp; Associates, Inc.</b> [MEMO ITEM] 14-65-0685 - \$968.65		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 21 / 2014	
Mailing Address 8795 Folsom Boulevard Suite 103		Amount 1500	
City Sacramento	State CA	Zip Code 95826-3720	Transaction ID : 119905
Purpose of Expenditure 6/21 to 6/23 Radio Production		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014
Name of Federal Candidate Chris McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2397.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kelly Lawler

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 01 / 2015

Signature

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Form/Schedule: F24A  
Transaction ID :

To correct dissemination dates on 24 hour reports.

Form/Schedule:  
Transaction ID:

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
FOR SE OF FORM 24/48

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Full Name of Payee <b>Mr Joe (Joseph) Wierzbicki</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 1501 15th Street Apt. 4		Amount 1000	
City Sacramento	State CA	Zip Code 95814-6019	Transaction ID : 119908
Purpose of Expenditure 6/20 to 6/24 Online Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014
Name of Federal Candidate Chris McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		8629.58	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>WBUV-FM Clear Channel Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 286 Debuys Road		Amount 680	
City Biloxi	State MS	Zip Code 39531-2611	Transaction ID : 119909
Purpose of Expenditure 6/23 to 6/24 Radio Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014
Name of Federal Candidate Chris McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		8629.58	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1680.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Kelly Lawler

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(Schedule E)PAGE 4 OF 4  
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Full Name of Payee <b>WPMO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 5115 Telephone Road		Amount 300	
City Pascagoula	State MS	Zip Code 39567-1130	Transaction ID : 119910
Purpose of Expenditure 6/23 to 6/24 Radio Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014	
Name of Federal Candidate Chris McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	300.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	5877.00

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Kelly Lawler

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